



State of New Mexico

## WORKERS' COMPENSATION ADMINISTRATION

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Governor

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### **RE: APPROVAL OF OUT OF STATE HEALTH CARE PROVIDER**

The WCA rules, at 11.4.7.10 NMAC, set forth the requirements for obtaining approval by the Director of out of state health care providers. Paragraph (D) of that section provides that approval of a proposed out of state health care provider for a specific worker "will be deemed given when...that provider provides services to the injured worker *and the employer/insurer pays for those services*". (Emphasis added.) You may not need to proceed with the process set out below if the above conditions are met.

The Motion, Affidavit, and Order that we typically use to facilitate the approval of the provider are provided. The Affidavit must be filled out and signed by the proposed out of state health care provider (without amendment) then notarized. We cannot accept facsimile copies and must have original signatures on all documents. On the Affidavit, at clause #5, be sure a choice is made about how to accept notices and other information in this matter. That area is often left blank and then we would have to return the document for completion. Agreeing to 'accept service of process by mail' means the doctor agrees to accept all notices and other status information on the matter by mail. Some out of state facilities prefer to designate a NM based company' for that, i.e. the payer office in NM.

On the Motion, the person that initiates the request must be the same individual who signs at the end of the Motion, and provides all the information asked for, i.e. address, phone #, etc. Often, we are asked about clauses numbered 4 and 5 on the Motion. In paragraph number 4, please indicate whether you sought approval of the doctor as an out of state provider before services were received. If not, please state why in the space indicated. In paragraph number 5, please indicate whether you have sought the concurrence of all parties in this particular case. Concurrence is considered the agreement of the parties to the approval of the doctor as an out of state health care provider. If you have spoken to all parties and they agree with the approval of the doctor as an out of state health care provider, then you may indicate in paragraph 5 that concurrence was obtained. If all parties do not agree or could not be reached for approval, please indicate that it was not obtained. In other words, it's very important that the WCA be informed of any dispute about this matter. If there is some dispute, or an inability to obtain concurrence from all interested parties on this matter, then a hearing must be conducted by the WCA Director to hear from the parties. If all the parties do agree and the paperwork is properly conformed, we will submit it to the Director for approval.

Please submit your completed forms to the Office of the Director at Post Office Box 27198, Albuquerque, New Mexico 87125-7198. You are also encouraged to fax the completed paperwork to the Office of the Director at (505) 841-6009 for a preliminary review so that if corrections do need to be made, they can be completed without the need to mail the originals back and forth for correction. If you have any questions, please call our office at (505) 841-6007 or toll-free at (800) 255-7965.